

Case Number:	CM13-0026420		
Date Assigned:	04/25/2014	Date of Injury:	04/26/1999
Decision Date:	06/09/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Management, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old male with a reported date of injury on 04/26/1999. According to the clinical note dated 07/17/2012 documented a total knee replacement surgery on 06/25/2012. According to the clinical note dated 11/29/2013 the injured worker complained of persistent right knee pain and low back pain. The physician documented that the injured worker is "doing well" on the current medication regimen with no major side effects. The injured workers medication regimen included Norco 10/325mg 5 times a day, Prozac and Viagra 100 mg prn. According to the clinical documentation has been taking Viagra since 05/2012. The request for authorization for Viagra 100 mg was submitted on 09/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

VIAGRA 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The Management Of Erectile Dysfunction: An Update.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Rxlist.Com.

Decision rationale: According to the documentation provided for review the injured worker has been treated with Viagra since 05/2012. The clinical information lacked documentation of follow up regarding the effectiveness or side effects. In addition, the request does not include the quantity of the proposed medication. As such, the request for Viagra 100mg is not medically necessary.